

Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Briefing Regarding Committee's Report on Federal Programs Addressing
Severe Mental Illness
May 29, 2014

(As Prepared for Delivery)

Last weekend, a young man known by his family and therapists to be mentally ill, killed six people and himself in another awful episode of mass violence.

Before there was Elliot Rodger, there was Adam Lanza in Newtown, Jared Loughner in Tucson, James Holmes in Aurora, Colorado, and Aaron Alexis at the Washington Navy Yard. There was Gus Deeds, another young man who was in a mental health crisis but was denied extended inpatient care before he killed himself and stabbed his father, a Virginia state senator.

All had untreated or undertreated serious mental illness. All spiraled out of control within a system that lacked the basic mechanisms to help. Many had parents who were pleading for more help.

Violence amongst persons with mental illness is extraordinarily rare, and is far more likely to be self-directed. There are 40,000 suicides annually. Almost one million attempts.

The mentally ill are more likely to be the victims of violence, robberies, beatings rape, and other crimes. The mentally ill are also ten times more likely to be in jail than a hospital. That's because the seriously mentally ill encounter law enforcement after refusing medical care.

What makes these painful episodes so confounding is the reality that so many tragedies involving a person with a mental illness are entirely preventable.

For example, in 34 states, Elliot Rodger's family would have been able to ask a court to order an emergency psychiatric evaluation. In California, the law says they cannot.

The families know when their loved one is in a mental health crisis and their condition is gravely deteriorating, but as my subcommittee report describes, families are shut out from being part of the care delivery team.

As I wrote in the Pittsburgh Post-Gazette just two weeks after the shootings in Newtown: "The lessons for Americans from the horrifying tragedy in Connecticut is that we had better take off our blinders and deal with such illness or we are sure to face the same problem again. It is not only what's in a person's hands that makes his act violent, it's what is in his mind."

How many more must die before we finally deal with our broken mental health system?

In the nearly year and a half since I have been investigating America's broken mental health system as the Chairman of the House Energy and Commerce Committee's Subcommittee on Oversight and Investigations – even with my 30-year background in clinical psychology – I have been shocked to learn just how much our country has failed those with serious and persistent mental illness.

The report reveals that the current mental health system does not respond until after a crisis has already occurred because we do not empower parents, patients, clinicians, and law enforcement to stop it from happening. Even in the face of these tragedies, we have been too uncomfortable to acknowledge this sobering fact because the last bastion of stigma in mental health concerns those with serious mental illness.

Between January 2013 and March this year, the Subcommittee on Oversight and Investigations held a dozen public forums, investigative hearings, and expended considerable hours determining how federal dollars devoted to research and treatment into mental illness are being prioritized and spent.

The Committee's probe focused on three areas of critical public policy interest:

- (1) the scope of society's problem that is untreated SMI
- (2) how privacy laws may interfere with patient care and public safety, including in mental health situations
- (3) how federal resources appropriated for research into and treatment of mental illness are being spent.

We heard from the Director of the National Institute for Mental Health, experts on the HIPAA privacy rule, numerous mental health professionals, interviewed hundreds of parents, providers, patients, and law enforcement officials to get the most accurate and up-to-date understanding of the roots of the failures of the current mental health system and begin to identify a legislative path to reinvigorate and rebuild this system.

Briefly here were our main findings:

1. Families have been shut out of the treatment team. The inability of an individual experiencing a serious mental illness to recognize that they have an illness, a neurological condition known as Anosognosia, elevates the importance of an individual's family and loved ones in get that individual treatment. Anosognosia occurs in about 40% of persons with serious mental illness like schizophrenia and bipolar disorder.
2. Health care providers often misinterpret the Health Information Portability and Accountability Act's (HIPAA) privacy rule, leaving family members in the dark about essential and timely information about their loved one's condition. In some case heard by the committee the lack of understand of the HIPAA privacy rule was so pervasive that family were actually told that they could not even provide information to the doctor.
3. There is a critical shortage of psychiatric beds, providers, and outpatient treatment options for persons in the midst of a psychiatric crisis. Note we are not referring to any model that brings back the asylums of the last century. We never want to go back there for mental illness or another other chronic disease the way things used to be. But for those who need that acute intensive therapy, there are not enough places, not enough doctors, and not enough community supports.
4. A person with mental illness must be homicidal or suicidal before we'll give them treatment. It's like denying a patient care until AFTER the heart attack occurs.
5. Federal resources are not targeted towards serious mental illness like schizophrenia, bipolar disorder, and major clinical depression. These individuals, who deny the seriousness of their needs, are often are at the end of the line when it comes to receiving effective help across a wide spectrum of services.
6. Legal advocates and anti-psychiatry activists have used federal resources to block care for the hardest-to-reach patients.
7. Finally, we know proper intervention can be very effective in providing help to those with serious mental illness to get them back toward being independent, holding jobs, and finding recovery.

Our report provides a legislative path for rebuilding our mental health system and finally taking serious mental illness out of the shadows and into the bright light of hope and recovery. Towards that end, I have authored the bipartisan “Helping Families in Mental Health Crisis Act.” H.R. 3717 addresses all of concerns raised by the Committee’s investigation.

This afternoon, we are joined by several experts who should be familiar to those of you who attended or followed this Committee’s work on SMI over the past year:

Michael Welner, M.D., forensic psychiatrist and Founder/Chairman of the Forensic Panel
DJ Jaffe, Founder and Executive Director of Mental Illness Policy Organization
Edward Kelley, father of a son with schizophrenia and an advocate for mental health reform.

I thank them all for being with us today to offer their insights on the Committee’s recently-released report – containing the principal findings of the Committee’s yearlong investigation – and the potential for H.R. 3717 to begin to address the shortcomings of our current mental health system.

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